



## **How-to Guide for Applying Fluoride Varnish by Medical Professionals**

Health professionals have a new opportunity to help prevent tooth decay in young children. Health professionals can provide a valuable service by performing an oral health risk assessment and oral screening, recommending adequate use of fluorides (including prescribing dietary fluoride supplements, if indicated), promoting toothbrushing, and referring children for dental examinations and care. Now you can also perform a simple preventive procedure for children in your offices, clinics, or other community-based settings, and be reimbursed by MassHealth.

### **What Is Fluoride Varnish?**

Fluorides have been used for many years to help prevent dental decay. Today, most dental professionals apply fluoride in their offices as a foam, gel, or varnish. Fluoride varnish (5% sodium fluoride) has been widely used in Europe for several decades and its use is increasing in the United States. Varnish comes in tubes for multiple applications using a cotton swab or as prepackaged single doses with a small disposable applicator brush. Currently the following four types are available for use in the United States:

1. Duraphat (multi-use tube);
2. Duraflor (available in unit-dose package);
3. CavityShield (available in unit-dose package); and
4. VarnishAmerica (available in unit-dose package).

### **Which Children Would Most Benefit from Fluoride Varnish?**

Fluoride varnish is not a substitute for fluoridated water or toothpaste, but provides an added benefit (up to 38%) for children who are at moderate-to-high risk for dental decay. Some factors that put children at higher risk include low socio-economic backgrounds (all MassHealth children), premature babies, insufficient sources of dietary fluoride, high carbohydrate diets, caretakers who transmit decay-causing bacteria to their children via their saliva, areas of tooth decalcification, reduced salivary flow, and poor oral hygiene. The younger the child is when the varnish is applied to the primary teeth, the better — usually as soon as the front teeth erupt in the mouth.

### **How Is Fluoride Varnish Different from Other Professionally Applied Fluorides?**

Fluoride varnish offers several advantages over other professionally applied fluorides, as described below.

1. Varnish now comes in child-friendly flavors and is easily tolerated, especially by infants, toddlers, and developmentally disabled children.
2. Providers find it easy to use and fast to apply. Fluoride varnish is swabbed onto the teeth in about two minutes and sets within a minute of contact with saliva.

3. Fluoride varnish is safe and poses less risk of an adverse reaction because only a small amount is used and less is swallowed.
4. It can be applied in any setting and does not require dental equipment.

### **Who Can Apply Fluoride Varnish in Massachusetts?**

Dental professionals are not the only health professionals who can apply fluoride varnish. MassHealth has approved the application of fluoride varnish by physicians. The procedure can also be delegated to physician assistants, nurse practitioners, registered nurses, and licensed practical nurses.

### **Does MassHealth Reimburse Medical Providers for Applying Fluoride Varnish?**

MassHealth children have higher rates of tooth decay and less access to dental care than other children in the state. Early screening and preventive care by health professionals can help to reduce this disparity. That is why MassHealth will now reimburse medical professionals for fluoride varnish applications and risk assessments.

- The fee for the procedure is \$26.00 per application, to include all materials and supplies needed for the application.
- Use Service Code D1206 (topical application of fluoride—child).
- Fee-for-service medical providers can bill for an office visit and the application of fluoride varnish when the procedure is provided during a well-child visit. However, if the sole purpose of the visit is for the application of fluoride varnish, the medical provider may bill only for the fluoride varnish.
- The service is limited to children aged six months to 21 years.
- Varnish applications are most effective if done two to four times per year, and can be coordinated with other well-child visits or immunizations.

### **How Is Fluoride Varnish Applied?**

Fluoride varnish is most easily applied to the teeth of infants and toddlers in the "knee-to-knee" position, with the parent sitting in one chair and the clinician in another. This allows better access and control of the child's head by the clinician, and the parent can help with communication. The procedure can also be done on an exam table.

Remove plaque and food debris from the teeth with a toothbrush, cotton gauze, or a cotton roll. Don't excessively dry the teeth because varnish needs saliva to set properly. Paint the varnish on all sides of the teeth as a very thin film. The slight yellow or tooth-colored tint aids in seeing how much is applied, however, some forms of fluoride varnish are clear. The child can leave immediately after the application. The layer of varnish stays on the teeth for six to eight hours.

### **What Counseling Is Given to Parents?**

Make sure parents understand that the slight coloration will be gone when the varnish wears off. The child shouldn't eat or drink anything for 30 to 60 minutes, and ask the parent to refrain from brushing the child's teeth for about 12 hours. Finish the appointment by summarizing your findings, anticipatory guidance, and recommendations for follow-up including dental referrals and patient handouts.